FRAMEWORK FOR STATE EVALUATION OF CHILDREN'S HEALTH INSURANCE PLANS UNDER TITLE XXI OF THE SOCIAL SECURITY ACT

(Developed by States, for States to meet requirements under Section 2108(b) of the Social Security Act)

State/Territory: North Dakota

(Name of State/Territory)

The following State Evaluation is submitted in compliance with Title XXI of the Social Security Act (Section 2108(b)).

_____

(Signature of Agency Head)

Date: March 30, 2000

Reporting Period: October 1, 1998 to September 30, 1999

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SECTION 1. SUMMARY OF KEY ACCOMPLISHMENTS OF YOUR CHIP PROGRAM

This section is designed to highlight the key accomplishments of your CHIP program to date toward increasing the number of children with creditable health coverage (Section 2108(b)(1)(A)). This section also identifies strategic objectives, performance goals, and performance measures for the CHIP program(s), as well as progress and barriers toward meeting those goals. More detailed analysis of program effectiveness in reducing the number of uninsured low-income children is given in sections that follow.

1.1 What is the estimated baseline number of uncovered low-income children? Is this estimated baseline the same number submitted to HCFA in the 1998 annual report? If not, what estimate did you submit, and why is it different? *14,662, No, North Dakota did not complete a 1998 annual report as Phase I did not start until October 1, 1998. The information presented here is based on a Robert Wood Johnson Foundation Family Survey conducted in 1998 (Recalibrated). The baseline reported in the State Plan Amendment submitted on July 21, 1998 was 16,700 and was based on a North Dakota Health Task Force reported conducted in 1994.*

1.1.1 What are the data source(s) and methodology used to make this estimate? *Robert Wood Johnson Foundation Family Survey (Recalibrated) completed in 1998 by the North Dakota Department of Health.*

1.1.2 What is the State's assessment of the reliability of the baseline estimate? What are the limitations of the data or estimation methodology? (Please provide a numerical range or confidence intervals if available.) *The standard error for the health insurance survey question about the uninsured was .00035. This translates to a confidence interval of 8.599 to 8.6006.*

1.2 How much progress has been made in increasing the number of children with creditable health coverage (for example, changes in uninsured rates, Title XXI enrollment levels, estimates of children enrolled in Medicaid as a result of Title XXI outreach, anti-crowd-out efforts)? How many more children have creditable coverage following the implementation of Title XXI? (Section 2108(b)(1)(A)) *Phase I has provided Medicaid coverage for 266 individuals*

during the report year.

1.2.1 What are the data source(s) and methodology used to make this estimate? *Form HCFA-64.21e*

1.2.2 What is the State's assessment of the reliability of the estimate? What are the limitations of the data or estimation methodology? (Please provide a numerical range or confidence intervals if available.) *The state is very confident that this information is accurate as it is based on the number of individuals enrolled in Phase I of the children's health insurance program.*

1.3 What progress has been made to achieve the State's strategic objectives and performance goals for its CHIP program(s)?

Please complete Table 1.3 to summarize your State's strategic objectives, performance goals, performance measures and progress towards meeting goals, as specified in the Title XXI State Plan. Be as specific and detailed as possible. Use additional pages as necessary. The table should be completed as follows:

Column 1: List the State's strategic objectives for the CHIP program, as specified in the State Plan.

Column 2: List the performance goals for each strategic objective.

Column 3: For each performance goal, indicate how performance is being measured, and progress towards meeting the goal. Specify data sources, methodology, and specific measurement approaches (e.g., numerator, denominator). Please attach additional narrative if necessary.

For each performance goal specified in Table 1.3, please provide additional narrative discussing how actual performance to date compares against performance goals. Please be as specific as possible concerning your findings to date. If performance goals have not been met, indicate the barriers or constraints. The narrative also should discuss future performance measurement activities, including a projection of when additional data are likely to be available.

Table 1.3		
(1) Strategic Objectives (as specified in Title XXI State Plan)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, numerators, denominators, etc.)
OBJECTIVES RELATED TO REDUCING THE NUMBER OF UNINSURED CHILDREN		
Reduce the percentage of Medicaid eligible children 18 years of age who are uninsured.	*1.1 By September 30, 1999, at least 750 previously uninsured eligible children will be enrolled in Medicaid*	Data Sources: *Form HCFA-64.21E and monthly eligibility reports.* Methodology: *Summary of data from eligibility files.* Numerator: *N/A* Denominator: *N/A* Progress Summary: There *was a net increase of 449 children from the month of September 30, 1998 to the month of September 30, 1999 in the number of children enrolled in the program.* *Total unduplicated number of children ever enrolled in the Medicaid and S-CHIP programs during the year ended September 30, 1999 was 29,783. For comparison purposes, the number eligible for the month of September 30, 1998 was 20,219.*

Table 1.3		
	1.2 By September 30, 1999, the percentage of eligible children 18 years of age enrolled in Medicaid will be increased from 0% to 65%	Data Sources: *HCFA 64.21e and the 1998 Robert Wood Johnson Foundation uninsured survey.* Methodology: *The number of individuals receiving service during the fiscal year ended September 30, 1999 divided by the number of 18 year olds identified as being at or below 100% of the poverty level during the 1998 Robert Wood Johnson foundation survey.* Numerator: *The unduplicated number of 18 year old recipients determined eligible for the S-CHIPs program for the fiscal year ended September 30, 1999.* Denominator: *The unduplicated number of 18 year olds at or under 100% of the poverty level who are uninsured according to the Robert Wood Johnson Foundation survey.* Progress Summary: *According to the Robert Wood Johnson Survey, there were 257 individuals at, or under 100% of the poverty level that were uninsured. Based on the HCFA 64.21e the program covered 266 unduplicated number of individuals ever enrolled. Based on this review, it would appear that we have enrolled more individuals than identified by the survey. The reason for this is that the 257 individuals identified by the Robert Wood Johnson Survey is based on gross income and for Medicaid, adjusted gross income is used. The Robert Wood Johnson numbers are for a point in time and the 266 eligible recipients are for the entire year with eligibility changing do to birth dates. The Robert Wood Johnson survey did not consider individuals who had access to Indian Health Services as being uninsured. Medicaid allows these individuals, plus other individuals who have private insurance, to be covered. Thus, some of the individuals identified in the 266 may be considered insured by the Robert Wood Foundation Survey. We conclude that we have met and likely exceeded the 65% goal established for primary coverage to this small group of children.*

Table 1.3		
	1.3 By March 31, 1999, a coordinated statewide outreach program for the identification and enrollment of Medicaid eligible children into the program will be established.	Data Sources: Methodology: Numerator: Denominator: Progress Summary: *The Department sent out a listing of all eligible 18 year olds known to the Department's computer system to each county instructing them to review the list and provide eligibility to any 18 year old who was eligible for the service. Additionally, with Phase 2 of the Healthy Steps program, the Department, in partnership with the Dakota Association of Community Health Centers, Inc. and the North Dakota Medical Association hosted training in eight regions of the state, to two Indian reservations and the Robert Wood Johnson pilot sites.*
OBJECTIVES RELATED TO CHIP ENROLLMENT		

Table 1.3		
		Data Sources: Methodology: Numerator: Denominator: Progress Summary:
OBJECTIVES RELATED TO INCREASING MEDICAID ENROLLMENT		
		Data Sources: Methodology: Numerator: Denominator: Progress Summary:
OBJECTIVES RELATED TO INCREASING ACCESS TO CARE (USUAL SOURCE OF CARE, UNMET NEED)		

Table 1.3		
Improve access to health care services for eligible children enrolled in Medicaid	*2.1 By September 30, 1999, at least 90 percent of eligible children enrolled in Medicaid will have an identified primary care provider.*	Data Sources: *Eligibility reports and Primary Care Physician(PCP) Reports (SB1-771-AA).* Methodology*: The number of individuals who are on the primary care physician program divided by the number of individuals eligible for the program.* Numerator: *Number of children who are on the primary care physician program.* Denominator: *The number of individuals who are required to have the primary care physician program.* Progress Summary: As *of August 1999, 90% that are on the PCP program have a PCP identified.*

Table 1.3		
	2.1 By September 30, 1999 there will be a decrease in the proportion of Medicaid enrolled children who were unable to obtain needed medical care during the preceding year.	Data Sources: *EPSDT Reports and detailed service reports.* Methodology: *Method used was to determine number of eligible recipients for EPSDT and number that received a service during the fiscal year ended September 30, 1998 and 1999 and compare the percentage from each year.* Numerator: *The number of recipients receiving services during the fiscal year ended September 30, 1998 and 1999.* Denominator: *The number of recipients eligible for the fiscal year ended September 30, 1998 and September 30, 1999.* Progress Summary: Services *provided increased by 3% from fiscal year ended September 30, 1998 to 1999.*
OBJECTIVES RELATED TO USE OF PREVENTIVE CARE (IMMUNIZATIONS, WELL-CHILD CARE)		

Table 1.3		
Ensure the eligible children enrolled in Medicaid receive timely and comprehensive preventive health care services	*3.1 By September 30, 1999, at least 50 percent of eligible children 18 years of age enrolled in Medicaid will have received a Hepatitis B vaccination.*	Data Sources: *THOR System* Methodology: *Compare the number of children receiving a Hepatitis B vaccination with the number of S-CHIP eligible children for the month of September, 1999 that were known to the THOR system.* Numerator: *The number of children receiving one or more Hepatitis B vaccinations as reported on the THOR system.* Denominator: *The number of children eligible for the S-CHIP program in September 1999 that were known to the THOR system.* Progress Summary: 51.7*% of the children known to the THOR system have received one or more Hepatitis B immunizations. Of these, 60% had received three, 27% had received two, and 13% had received one vaccination. The data used for this summary is very limited as the THOR system has only been in existence since the summer of 1996. Consequently, the information used here is very limited, as information for only 39% of the children eligible was available. This information is available because the medical provider has entered some or all of their data onto the THOR System. The THOR system is the best information available as the Medicaid system only retains two years worth of claims data and does not have detailed claims payment data dating back 18 years.*

Table 1.3		
	3.2 By September 30, 1999, at least 50 percent of eligible children enrolled in Medicaid will have received a tetanus booster.	Data Sources: *Immunizations from the THOR system maintained by the Health Department* Methodology: *Compare the number of individuals from 10 to 18 who should have a booster with the number that actually received a booster shot.* Numerator: *The number of booster shoots provided.* Denominator: *Ten percent of the children in the age group of 10 to 18. Ten percent was used, as a booster is required only once every ten years.* Progress Summary: *It was determined that approximately 43% received a tetanus booster during the fiscal year ended September 30, 1999.*
	3.3 By September 30, 1999, at least 45% of eligible children enrolled in Medicaid will have received a Health Track (EPSDT) screening.	Data Sources: *Annual EPSDT participation report form for the fiscal year ended September 30, 1999.* Methodology: *Actual number of initial and periodic screening services provided divided by the number of expected number of initial and periodic screening services provided.* Numerator: *Actual number of initial and periodic screening services.* Denominator: *Expected number of initial and periodic screening services.* Progress Summary: *The screening ratio for the fiscal year ended September 30, 1999 was 57%.*
OTHER OBJECTIVES		

Table 1.3		
Ensure the eligible children enrolled in Medicaid receive high-quality health care services	*4.1 By September 30, 1999, the annual readmission rate for asthma hospitalizations among eligible children enrolled in Medicaid will have decreased compared to the rate during prior year.*	Data Sources: Summary *Completed by North Dakota Health Care Review based on DRG 098 for 0 –17 year olds and DRG 096 & 097 for age 18.* Methodology: *Comparison of the readmission rate for the fiscal year ended September 30, 1998 to the fiscal year ended September 30, 1999.* Numerator: *Number of asthma readmissions.* Denominator: *Number of Medicaid children having an asthma admission* Progress Summary: *Based on the information, the readmission rate for the fiscal year ended September 30, 1998 was .1350. The readmission rate for the fiscal year ended September 30, 1999 was .1603. In looking at the numbers, the cause of increase is due to a major decrease in the number of admissions. Admissions decreased from 163 to 131 while readmissions decreased from 22 to 21. Based on these numbers, it can be assumed that recipients with asthma are being treated with a need for fewer admissions, but for those admitted to the hospital, the seriousness of the asthma more frequently results in readmissions.*

Table 1.3		
	4.2 By March 31, 1999, a set of quality indicators will be selected and methods established for ongoing data collection and monitoring of these indicators.	Data Sources: Methodology: Numerator: Denominator: Progress Summary: *The Department of Human Services is in the process of procuring a decision support and executive information system from the Medstat Group. Included in this software is built in quality indicators that we will use for monitoring our program, both Medicaid and S-CHIP. These indicators include such things as well child visits, immunizations, preventable childhood diseases, dental screens, hearing screens, vision screens, lead screens, anemia screens, TB screens. This information should be available in November 2000.*

Table 1.3		
	4.3 By December 31, 1999, at least 80 percent of eligible children enrolled in Medicaid surveyed will report overall satisfaction with their health care.	Data Sources: Methodology: Numerator: Denominator: Progress Summary: *A survey was completed of eligible recipients during 1998 with a resulting satisfaction of 84.6% of being somewhat or very satisfied with the services they have received from their primary care physician. An updated survey instrument is currently being developed and will be conducted in the later half of 2000.*

Table 1.3		
Improve the health status among eligible children enrolled in Medicaid	*5.1 By December 31, 1999, a method will be established and a survey instrument developed and/or adopted for use in assessing overall health status amount eligible children enrolled in Medicaid, overtime, and as compared to other groups of children.*	Data Sources: Methodology: Numerator: Denominator: Progress Summary: *The Department of Human Services is in the process of procuring a decision support and executive information system from the Medstat Group. Included in this software is built in quality indicators that we will use for monitoring our program, both Medicaid and S-CHIP. These indicators include such things as well child visits, immunizations, preventable childhood diseases, dental screens, hearing screens, vision screens, lead screens, anemia screens, TB screens. This information should be available in November 2000.*

Table 1.3		
	By December 31, 1999, a set of child health status indicators will be selected and methods established for ongoing data collection and monitoring of these indicators. Careful consideration will be given to subgroups such as American Indians and children with special health care needs.	Data Sources: Methodology: Numerator: Denominator: Progress Summary: *The Department of Human Services is in the process of procuring a decision support and executive information system from the Medstat Group. Included in this software is built in quality indicators that we will use for monitoring our program, both Medicaid and both phases of S-CHIP. These indicators include such things as well child visits, immunizations, preventable childhood diseases, dental screens, hearing screens, vision screens, lead screens, anemia screens, TB screens. This information should be available in November 2000. The information will be able to be analyzed by race, location and by age.*

SECTION 2. BACKGROUND

This section is designed to provide background information on CHIP program(s) funded through Title XXI.

2.1 How are Title XXI funds being used in your State?

2.1.1 List all programs in your State that are funded through Title XXI. (Check all that apply.)

_*X*_ Providing expanded eligibility under the State's Medicaid plan (Medicaid CHIP expansion)

Name of program: __*North Dakota Medicaid*_____

Date enrollment began (i.e., when children first became eligible to receive services): _*October 1, 1998*_____

___ Obtaining coverage that meets the requirements for a State Child Health Insurance Plan (State-designed CHIP program)

Name of program: _____

Date enrollment began (i.e., when children first became eligible to receive services): _____

___ Other - Family Coverage

Name of program: _____

Date enrollment began (i.e., when children first became eligible to receive services): _____

___ Other - Employer-sponsored Insurance Coverage

Name of program: _____

Date enrollment began (i.e., when children first became eligible to receive services): _____

___ Other - Wraparound Benefit Package

Name of program: _____

Date enrollment began (i.e., when children first became eligible to receive services): _____

___ Other (specify) _____

Name of program: _____

Date enrollment began (i.e., when children first became eligible to receive services): _____

2.1.2 **If State offers family coverage: Please** provide a brief narrative about requirements for participation in this program and how this program is coordinated with other CHIP programs. *N/A*

2.1.3 **If State has a buy-in program for employer-sponsored insurance:** Please provide a brief narrative about requirements for participation in this program and how this program is coordinated with other CHIP programs. *N/A*

2.2 What environmental factors in your State affect your CHIP program? (Section 2108(b)(1)(E))

2.2.1 How did pre-existing programs (including Medicaid) affect the design of your CHIP program(s)? *Phase I of the Healthy Steps program is a Medicaid Expansion for children 18 years of age. The current Medicaid program covers individual from zero through five at 133% of the federal poverty level and 6 through 17 at 100% of the federal poverty level. This expansion completed the coverage of poverty level children through 18 years of age up to 100% of the poverty level that will be federally mandated by 2001.*

2.2.2 Were any of the preexisting programs "State-only" and if so what has happened to that program?

_X_ No pre-existing programs were "State-only."

___ One or more pre-existing programs were "State only" ! Describe status of program(s): Is it still enrolling children? What is its target group? Was it folded into CHIP?

2.2.3 Describe changes and trends in the State since implementation of your Title XXI programs that "affect the provision of accessible, affordable, quality health insurance and healthcare for children." (Section 2108(b)(1)(E))

Examples are listed below. Check all that apply and provide descriptive narrative if applicable. Please indicate source of information (e.g., news account, evaluation study) and, where available, provide quantitative measures about the effects on your CHIP program.

_*N/A* changes to the Medicaid program

___ Presumptive eligibility for children
___ Coverage of Supplemental Security Income (SSI) children
___ Provision of continuous coverage (specify number of months ___)
___ Elimination of assets tests
___ Elimination of face-to-face eligibility interviews
___ Easing of documentation requirements

_*N/A*_ Impact of welfare reform on Medicaid enrollment and changes to AFDC/TANF (specify)_*Effect happened before program was implemented.*

_*X*__ Changes in the private insurance market that could affect affordability of or accessibility to private health insurance

_*X*_ Health insurance premium rate increases (*News Release)*
___ Legal or regulatory changes related to insurance
___ Changes in insurance carrier participation (e.g., new carriers entering market or existing carriers exiting market)
_*X*_ Changes in employee cost-sharing for insurance *(News Release)*
___ Availability of subsidies for adult coverage
___ Other (specify) _____

_*N/A* Changes in the delivery system

___ Changes in extent of managed care penetration (e.g., changes in HMO, IPA, PPO activity)
___ Changes in hospital marketplace (e.g., closure, conversion, merger)
___ Other (specify) _____

N/A Development of new health care programs or services for targeted low-income children (specify) _____

_*X*_ Changes in the demographic or socioeconomic context

___ Changes in population characteristics, such as racial/ethnic mix or immigrant status (specify)_____

___ Changes in economic circumstances, such as unemployment rate (specify) _____

_*X*_ Other (specify) _*Exodus of population in the state - Example From 1998 to 1999 there was a 4,000 Decrease (News Accounts)*_____

_*X*_ Other (specify) *Depressed Farm Economy (News Accounts)*_____

SECTION 3. PROGRAM DESIGN

This section is designed to provide a description of the elements of your State Plan, including eligibility, benefits, delivery system, cost-sharing, outreach, coordination with other programs, and anti-crowd-out provisions.

3.1 Who is eligible?

3.1.1 Describe the standards used to determine eligibility of targeted low-income children for child health assistance under the plan. For each standard, describe the criteria used to apply the standard. If not applicable, enter "NA."

Table 3.1.1

	Medicaid CHIP Expansion Program	**State-designed CHIP Program**	**Other CHIP Program*** _____
Geographic area served by the plan (Section 2108(b)(1)(B)(iv))	*State wide program*		
Age	*18 year olds through the month of their 19th birthday*		
Income (define countable income)	*0-100% of the federal poverty level*		
Resources (including any standards relating to spend downs and disposition of resources)	*Asset test required – household of two - $6,000 plus $25 additional member*		
Residency requirements	*Must be state resident*		
Disability status	*N/A*		
Access to or coverage under other health coverage (Section 2108(b)(1)(B)(i))	*N/A*		
Other standards (identify and describe)	*N/A*		

**Make a separate column for each "other" program identified in Section 2.1.1. To add a column to a table, right click on the mouse, select "insert" and choose "column".*

3.1.2 How often is eligibility redetermined?

Table 3.1.2			
Redetermination	Medicaid CHIP Expansion Program	State-designed CHIP Program	Other CHIP Program* _____
Monthly	*Ö*		
Every six months			
Every twelve months			
Other (specify)			

*Make a separate column for each "other" program identified in Section 2.1.1. To add a column to a table, right click on the mouse, select "insert" and choose "column".

3.1.3 Is eligibility guaranteed for a specified period of time regardless of income changes? (Section 2108(b)(1)(B)(v))

___ Yes ° Which program(s)?

For how long?

_*X*__ No

3.1.4 Does the CHIP program provide retroactive eligibility?

_*X*__ Yes ° Which program(s)? __*Phase I – Medicaid Expansion*

How many months look-back? __*Three*

___ No

3.1.5 Does the CHIP program have presumptive eligibility?

___ Yes ° Which program(s)?

Which populations?

Who determines?

_*X*_ No

3.1.6 Do your Medicaid program and CHIP program have a joint application?

_*X*__ Yes ° Is the joint application used to determine eligibility for other State programs? If yes, specify. _*Food Stamps*_
___ No

3.1.7 Evaluate the strengths and weaknesses of your *eligibility determination* process in increasing creditable health coverage among targeted low-income children

Advantages

- *Can check all Medicaid coverage and other program eligibility for entire family with one application.*
- *Local personal contact available for questions.*

Disadvantages

- *Large Application to complete (We are in the process of revising the application form).*
- *Requires numerous items to be verified for eligibility.*
- *Possible negative stigma.*

3.1.8 Evaluate the strengths and weaknesses of your *eligibility redetermination* process in increasing creditable health coverage among targeted low-income children. How does the redetermination process differ from the initial eligibility determination process?

The form is simpler and easier to complete than the original determination. The *process differs in that the redetermination form does not require all the information that was required on the original determination. Questions are asked regarding changes in status from the original determination without the detail.*

3.2 What benefits do children receive and how is the delivery system structured? (Section 2108(b)(1)(B)(vi))

3.2.1 Benefits

Please complete Table 3.2.1 for each of your CHIP programs, showing which benefits are covered, the extent of cost sharing (if any), and benefit limits (if any).

NOTE: To duplicate a table: put cursor on desired table go to Edit menu and chose "select" "table." Once the table is highlighted, copy it by selecting "copy" in the Edit menu and then "paste" it under the first table.

Table 3.2.1 CHIP Program Type_____			
Benefit	Is Service Covered? (**T** = yes)	Cost-Sharing (Specify)	Benefit Limits (Specify)
Inpatient hospital services	√		
Emergency hospital services	√		
Outpatient hospital services	√		
Physician services	√		
Clinic services	√		
Prescription drugs	√		
Over-the-counter medications	√		*Cover – Antacids, Analgesics, H2 (Tagement), Artificial Tears, and Iron Supplements*
Outpatient laboratory and radiology services	√		
Prenatal care	√		
Family planning services	√		
Inpatient mental health services	√		
Outpatient mental health services	√		
Inpatient substance abuse treatment services	√		
Residential substance abuse treatment services	√		
Outpatient substance abuse treatment services	√		
Durable medical equipment	√		
Disposable medical supplies	√		

Preventive dental services	√		
Restorative dental services	√		
Hearing screening	√		
Hearing aids	√		
Vision screening	√		
Corrective lenses (including eyeglasses)	√		
Developmental assessment	√		
Immunizations	√		
Well-baby visits	√		
Well-child visits	√		
Physical therapy	√		
Speech therapy	√		
Occupational therapy	√		
Physical rehabilitation services	√		
Podiatric services	√		
Chiropractic services	√		
Medical transportation	√		
Home health services	√		
Nursing facility	√		
ICF/MR	√		
Hospice care	√		

Private duty nursing	√		
Personal care services			
Habilitative services			
Case management/Care coordination	√		*Severely Emotionally Disabled, Developmentally Disabled and Pregnant Women*
Non-emergency transportation	√		
Interpreter services			
Other (Specify)			
Other (Specify)			
Other (Specify)			

NOTE: To duplicate a table: put cursor on desired table go to Edit menu and chose "select" "table." Once the table is highlighted, copy it by selecting "copy" in the Edit menu and then "paste" it under the first table.

3.2.2 Scope and Range of Health Benefits (Section 2108(b)(1)(B)(ii))

Please comment on the scope and range of health coverage provided, including the types of benefits provided and cost-sharing requirements. Please highlight the level of preventive services offered and services available to children with special health care needs. Also, describe any enabling services offered to CHIP enrollees. (Enabling services include non-emergency transportation, interpretation, individual needs assessment, home visits, community outreach, translation of written materials, and other services designed to facilitate access to care.)

We provide a comprehensive package of medical services for Medicaid eligible children with no cost sharing and very few limits. We also provide for special health care needs through our regular program and through EPSDT.

Our service includes non-emergency transportation for medical appointments and home health visits for newborns. Our application material has been translated to other languages as needed and community outreach is provided through the EPSDT program.

3.2.3 Delivery System

Identify in Table 3.2.3 the methods of delivery of the child health assistance using Title XXI funds to targeted low-income children. Check all that apply.

Table 3.2.3			
Type of delivery system	Medicaid CHIP Expansion Program	State-designed CHIP Program	Other CHIP Program* _____
A. Comprehensive risk managed care organizations (MCOs)			
Statewide?	___ Yes _*X*_ No	___ Yes ___ No	___ Yes ___ No
Mandatory enrollment?	___ Yes _*X*_ No	___ Yes ___ No	___ Yes ___ No
Number of MCOs	*One*		
B. Primary care case management (PCCM) program	*Yes*		
C. Non-comprehensive risk contractors for selected services such as mental health, dental, or vision (specify services that are carved out to managed care, if applicable)	*N/A*		
D. Indemnity/fee-for-service (specify services that are carved out to FFS, if applicable)	*Yes, Carved out services include prescriptions, dental and vision for the MCO program.*		
E. Other (specify)			
F. Other (specify)			
G. Other (specify)			

*Make a separate column for each "other" program identified in Section 2.1.1. To add a column to a table, right click on the mouse, select "insert" and choose "column".

3.3 How much does CHIP cost families? *Phase I of the children's health insurance plan does not include any premiums, co-insurance or deductibles.*

3.3.1 Is cost sharing imposed on any of the families covered under the plan? (Cost sharing includes premiums, enrollment fees, deductibles, coinsurance/ copayments, or other out-of-pocket expenses paid by the family.)

_*X*__ No, skip to section 3.4

__ Yes, check all that apply in Table 3.3.1

Table 3.3.1			
Type of cost-sharing	Medicaid CHIP Expansion Program	State-designed CHIP Program	Other CHIP Program*_____ _____ _
Premiums			
Enrollment fee			
Deductibles			
Coinsurance/copayments**			
Other (specify) _____			

*Make a separate column for each "other" program identified in section 2.1.1. To add a column to a table, right click on the mouse, select "insert" and choose "column".

**See Table 3.2.1 for detailed information.

3.3.2 **If premiums are charged:** What is the level of premiums and how do they vary by program, income, family size, or other criteria? (Describe criteria and attach schedule.) How often are premiums collected? What do you do if families fail to pay the premium? Is there a waiting period (lock-out) before a family can re-enroll? Do you have any innovative approaches to premium collection?

3.3.3 **If premiums are charged:** Who may pay for the premium? Check all that apply. (Section 2108(b)(1)(B)(iii))

___ Employer
___ Family

___ Absent parent
___ Private donations/sponsorship
___ Other (specify) _____

3.3.4 **If enrollment fee is charged:** What is the amount of the enrollment fee and how does it vary by program, income, family size, or other criteria?

3.3.5 **If deductibles are charged:** What is the amount of deductibles (specify, including variations by program, health plan, type of service, and other criteria)?

3.3.6 How are families notified of their cost-sharing requirements under CHIP, including the 5 percent cap? *N/A*

3.3.7 How is your CHIP program monitoring that annual aggregate cost-sharing does not exceed 5 percent of family income? Check all that apply below and include a narrative providing further details on the approach. *N/A*

___ Shoebox method (families save records documenting cumulative level of cost sharing)
___ Health plan administration (health plans track cumulative level of cost sharing)
___ Audit and reconciliation (State performs audit of utilization and cost sharing)
___ Other (specify)_____

3.3.8 What percent of families hit the 5 percent cap since your CHIP program was implemented? (If more than one CHIP program with cost sharing, specify for each program.) *N/A*

3.3.9 Has your State undertaken any assessment of the effects of premiums on participation or the effects of cost sharing on utilization, and if so, what have you found? *No*

3.4 How do you reach and inform potential enrollees?

3.4.1 What client education and outreach approaches does your CHIP program use?

Please complete Table 3.4.1. Identify all of the client education and outreach approaches used by your CHIP program(s). Specify which approaches are used (**T**=yes) and then rate the effectiveness of each approach on a scale of 1 to 5, where 1=least effective and 5=most effective.

Table 3.4.1

Approach	Medicaid CHIP Expansion		State-Designed CHIP Program		Other CHIP Program* _____	
	T = Yes	Rating (1-5)	**T** = Yes	Rating (1-5)	**T** = Yes	Rating (1-5)
Billboards						
Brochures/flyers	√	3				
Direct mail by State/enrollment broker/administrative contractor	√	2				
Education sessions	√	3				
Home visits by State/enrollment broker/administrative contractor	√	4				
Hotline	√	2				
Incentives for education/outreach staff						
Incentives for enrollees						
Incentives for insurance agents						
Non-traditional hours for application intake						
Prime-time TV advertisements						
Public access cable TV						
Public transportation ads						

Radio/newspaper/TV advertisement and PSAs	√	3				
Signs/posters	√	3				
State/broker initiated phone calls						
Other (specify)						
Other (specify)						

*Make a separate column for each "other" program identified in section 2.1.1. To add a column to a table, right click on the mouse, select "insert" and choose "column".

3.4.2 Where does your CHIP program conduct client education and outreach?

Please complete Table 3.4.2. Identify all the settings used by your CHIP program(s) for client education and outreach. Specify which settings are used (**T**=yes) and then rate the effectiveness of each setting on a scale of 1 to 5, where 1=least effective and 5=most effective.

Table 3.4.2

Setting	Medicaid CHIP Expansion		State-Designed CHIP Program		Other CHIP Program* _____	
	T = Yes	Rating (1-5)	**T** = Yes	Rating (1-5)	**T** = Yes	Rating (1-5)
Battered women shelters	√	3				
Community sponsored events	*Started with Phase 2*					
Beneficiary's home						
Day care centers						
Faith communities	√	2				
Fast food restaurants						
Grocery stores	√	1				
Homeless shelters	√	3				
Job training centers						
Laundromats						

Libraries	√	1				
Local/community health centers	√	3				
Point of service/provider locations	√	4				
Public meetings/health fairs	√	3				
Public housing	√	4				
Refugee resettlement programs	√	3				
Schools/adult education sites						
Senior centers	√	1				
Social service agency	√	4				
Workplace						
Other (specify)						
Other (specify)						

*Make a separate column for each "other" program identified in section 2.1.1. To add a column to a table, right click on the mouse, select "insert" and choose "column".

3.4.3 Describe methods and indicators used to assess outreach effectiveness, such as the number of children enrolled relative to the particular target population. Please be as specific and detailed as possible. Attach reports or other documentation where available. *Outreach is provided through training and collaborative effort with other agencies such as Head Start, WIC, Public Health, Maternal and Child Health Program and Medical Providers. Because of the small size of this expansion, we have not conducted a formal assessment process for outreach effectiveness.*

3.4.4 What communication approaches are being used to reach families of varying ethnic backgrounds? *This is done at the eligibility level and by our outreach partners and includes such things as interpreters and brochures written in various languages.*

3.4.5 Have any of the outreach activities been more successful in reaching certain populations? Which methods best reached which populations? How have you measured their effectiveness? Please present quantitative findings where available. *Outreach is provided through eligibility workers who had a listing of individuals identified as being eligible on reports submitted by the state. Starting with Phase 2, outreach was greatly increased and included training the trainer seminars in eight regions of the state plus two Indian reservations. Plus a local nonprofit entity has a Robert Wood Johnson Foundation that has two specific focuses, two Indian tribes, and rural farm families. These pilot projects are just starting and have not been in existence long enough to evaluate there effectiveness.*

3.5 What other health programs are available to CHIP eligibles and how do you coordinate with them? (Section 2108(b)(1)(D))

Describe procedures to coordinate among CHIP programs, other health care programs, and non-health care programs. Table 3.5 identifies possible areas of coordination between CHIP and other programs (such as Medicaid, MCH, WIC, School Lunch). Check all areas in which coordination takes place and specify the nature of coordination in narrative text, either on the table or in an attachment.

Table 3.5

Type of coordination	Medicaid*	Maternal and child health	Other (specify) __*WIC*_____	Other (specify) __*Headstart*____
Administration				
Outreach		√	√	√
Eligibility determination				
Service delivery				
Procurement				
Contracting				
Data collection		√	√	√
Quality assurance				
Other (specify)				
Other (specify)				

Medicaid and the above three mentioned programs work together in collaborative efforts to identify individuals who are eligible for Medicaid. Individuals from Medicaid, Maternal, and Child Health meet on a quarterly basis to discuss issues that affect each other and to coordinate activities.

*Note: This column is not applicable for States with a Medicaid CHIP expansion program only.

3.6 How do you avoid crowd-out of private insurance? *N/A*

3.6.1 Describe anti-crowd-out policies implemented by your CHIP program. If there are differences across programs, please describe for each program separately. Check all that apply and describe.

____Eligibility determination process:

___ Waiting period without health insurance (specify)
___ Information on current or previous health insurance gathered on application (specify)
___ Information verified with employer (specify)
___ Records match (specify)
___ Other (specify)
___ Other (specify)

___ Benefit package design:

___ Benefit limits (specify)
___ Cost-sharing (specify)
___ Other (specify)
___ Other (specify)

___ Other policies intended to avoid crowd out (e.g., insurance reform):

___ Other (specify)
___ Other (specify) _____

3.6.2 How do you monitor crowd-out? What have you found? Please attach any available reports or other documentation.

SECTION 4. PROGRAM ASSESSMENT

This section is designed to assess the effectiveness of your CHIP program(s), including enrollment, disenrollment, expenditures, access to care, and quality of care.

4.1 Who enrolled in your CHIP program?

4.1.1 What are the characteristics of children enrolled in your CHIP program? (Section 2108(b)(1)(B)(i)) *Phase I of the CHIP program was limited to individuals that were 18 years old with an average enrollment for the year of 3.7 months. Due to the limited number of individuals in this phase and the short duration of the program, little analysis of the characteristics of the family were completed.*

Please complete Table 4.1.1 for each of your CHIP programs, based on data from your HCFA quarterly enrollment reports. Summarize the number of children enrolled and their characteristics. Also, discuss average length of enrollment (number of months) and how this varies by characteristics of children and families, as well as across programs.

States are also encouraged to provide additional tables on enrollment by other characteristics, including gender, race, ethnicity, parental employment status, parental marital status, urban/rural location, and immigrant status. Use the same format as Table 4.1.1, if possible.

NOTE: To duplicate a table: put cursor on desired table go to Edit menu and chose "select" "table." Once the table is highlighted, copy it by selecting "copy" in the Edit menu and then "paste" it under the first table.

Table 4.1.1 CHIP Program Type *_Medicaid Expansion_____*

Characteristics	Number of children ever enrolled		Average number of months of enrollment		Year End Enrollees as percentage of unduplicated enrollees per year	
	FFY 1998	FFY 1999	FFY 1998	FFY 1999	FFY 1998	FFY 1999
All Children	*0*	*266*		*3.7*		*20.3%*

Age						
Under 1	*0*	*0*				
1-5	*0*	*0*				
6-12	*0*	*0*				
13-18	*0*	*266*		*3.7*		*20.3%*
Countable Income Level*						
<=100% of FPL	*0*	*266*		*3.7*		*20.3%*
Above 150% FPL						
Age and Income						
Under 1						
<=100% of FPL	*0*	*0*				
Above 150% FPL						
1-5						
<=100% of FPL	*0*	*0*				
Above 150% FPL						
6-12						
<=100% of FPL	*0*	*0*				

Above 150% FPL						
13-18						
<=100% of FPL	*0*	*266*		*3.7*		*20.3%*
Above 150% FPL						
Type of plan						
Fee-for-service	*0*	*21*		*2.7*		*19.0*
Managed care	*0*	*8*		*4.3*		*25.0*
PCCM	*0*	*237*		*3.8*		*20.3*

*Countable Income Level is as defined by the states for those that impose premiums at defined levels other than 150% FPL. See the HCFA Quarterly Report instructions for further details.

SOURCE: HCFA Quarterly Enrollment Reports, Forms HCFA-21E, HCFA-64.21E, HCFA-64EC, HCFA Statistical Information Management System, October 1998

4.1.2 How many CHIP enrollees had access to or coverage by health insurance prior to enrollment in CHIP? Please indicate the source of these data (e.g., application form, survey). (Section 2108(b)(1)(B)(i)) *As this is a Medicaid expansion, recipients can have both health insurance and Medicaid. Based on the September 1999 enrollment data approximately 25% have other insurance coverage.*

4.1.3 What is the effectiveness of other public and private programs in the State in increasing the availability of affordable quality individual and family health insurance for children? (Section 2108(b)(1)(C)) *Other than normal insurance products, there is no other program that provides a comprehensive affordable quality health insurance product in the state of North Dakota. The Noridan Mutual Insurance Company does provide a limited health insurance product named the "Caring Program" and as of September 30, 1999 there were 956 children enrolled in that program.*

4.2 Who disenrolled from your CHIP program and why?

4.2.1 How many children disenrolled from your CHIP program(s)? Please discuss disenrollment rates presented in Table 4.1.1. Was disenrollment higher or lower than expected? How do CHIP disenrollment rates compare to traditional Medicaid disenrollment rates? *There were 213 individuals who disenrolled during the year. Based on a review of the reasons identified in table 4.2.3, the disenrollment numbers are about what we expected. No comparison of the two programs was made since Phase I was an expansion of our program to 18-year-olds. Thus, there is no correlation between the two programs in disenrollment rates.*

4.2.2 How many children did not re-enroll at renewal? How many of the children who did not re-enroll got other coverage when they left CHIP? *There were 213 children who disenrolled during the year. Of these, 29 individuals obtained Medicaid coverage through the regular program; it is unknown how many others had coverage when they left the CHIP program.*

4.2.3 What were the reasons for discontinuation of coverage under CHIP? (Please specify data source, methodologies, and reporting period.) *Source of information is state report HESMA700 and is based on changes in eligibility. The report period is for March 1999 through September 1999.*

Table 4.2.3

Reason for discontinuation of coverage	Medicaid CHIP Expansion Program		State-designed CHIP Program		Other CHIP Program* _____	
	Number of disenrollees	Percent of total	Number of disenrollees	Percent of total	Number of disenrollees	Percent of total
Total	*125*	*100%*				
Access to commercial insurance						
Eligible for Medicaid	*29*	*23%*				
Income too high	*37*	*30%*				
Aged out of program	*29*	*23%*				
Moved/died	*19*	*15%*				
Nonpayment of premium						
Incomplete documentation						
Did not reply/unable to contact						
Other (specify)						

Other (specify)						
Don't know	*11*	*9%*				

*Make a separate column for each "other" program identified in section 2.1.1. To add a column to a table, right click on the mouse, select "insert" and choose "column".

4.2.4 What steps is your State taking to ensure that children who disenroll, but are still eligible, re-enroll? *The state office reviews the monthly disenrollments and if the children still appear to be eligible, we work with the county eligibility worker to get the child reenrolled.*

4.3 How much did you spend on your CHIP program?

4.3.1 What were the total expenditures for your CHIP program in federal fiscal year (FFY) 1998 and 1999?

FFY 1998 ____$0_____

FFY 1999 ____$97,993_____

Please complete Table 4.3.1 for each of your CHIP programs and summarize expenditures by category (total computable expenditures and federal share). What proportion was spent on purchasing private health insurance premiums versus purchasing direct services?

Table 4.3.1 CHIP Program Type _____

Type of expenditure	Total computable share		Total federal share	
	FFY *1998*	FFY 1999	FFY 1998	FFY 1999
Total expenditures	*0*	*$93,910*	*0*	*$74.151*
Premiums for private health insurance (net of cost-sharing offsets)*	*0*	*0 ##*	*0*	*0*
## Note: During review of costs, we noted that we inadvertently charged payments to the HMO to an incorrect match code. An adjustment will be made during the FFY ended 9/30/00 to correct this oversight.				
Fee-for-service expenditures (subtotal)				

Inpatient hospital services	*0*	*$16,290*	*0*	*$12,863*
Inpatient mental health facility services	*0*	*0*	*0*	*0*
Nursing care services	*0*	*0*	*0*	*0*
Physician and surgical services	*0*	*$28,951*	*0*	*$22,860*
Outpatient hospital services	*0*	*$11,161*	*0*	*$8,813*
Outpatient mental health facility services	*0*	*0*	*0*	*0*
Prescribed drugs	*0*	*$11,113*	*0*	*$8,775*
Dental services	*0*	*$8,897*	*0*	*$7,025*
Vision services	*0*	*0*	*0*	*0*
Other practitioners' services	*0*	*$1,405*	*0*	*$1,109*
Clinic services	*0*	*$2,448*	*0*	*$1,933*
Therapy and rehabilitation services	*0*	*0*	*0*	*0*
Laboratory and radiological services	*0*	*$673*	*0*	*$531*
Durable and disposable medical equipment	*0*	*0*	*0*	*0*
Family planning	*0*	*0*	*0*	*0*
Abortions	*0*	*0*	*0*	*0*
Screening services	*0*	*0*	*0*	*0*
Home health	*0*	*$1,320*	*0*	*$1,042*
Home and community-based services	*0*	*0*	*0*	*0*

Hospice	*0*	*0*	*0*	*0*
Medical transportation	*0*	*0*	*0*	*0*
Case management	*0*	*0*	*0*	*0*
Other services	*0*	*$11,652*	*0*	*$9,200*

4.3.2 What were the total expenditures that applied to the 10 percent limit? Please complete Table 4.3.2 and summarize expenditures by category.

What types of activities were funded under the 10 percent cap?_*Salaries & Outreach Activities*_____

What role did the 10 percent cap have in program design? _*System design and outreach activities limited in phase I because of limits.*_____

Table 4.3.2

Type of expenditure	Medicaid Chip Expansion Program		State-designed CHIP Program		Other CHIP Program* _____	
	FY 1998	FY 1999	FY 1998	FY 1999	FY 1998	FY 1999
Total computable share						
Outreach	*0*	*$530*				
Administration	*0*	*$3,553*				
Other_____						
Federal share						
Outreach	*0*	*$418*				
Administration	*0*	*$2,817*				
Other _____						

*Make a separate column for each "other" program identified in section 2.1.1. To add a column to a table, right click on the mouse, select "insert" and choose "column".

4.3.3 What were the non-Federal sources of funds spent on your CHIP program (Section 2108(b)(1)(B)(vii))

_*X*_ State appropriations
___ County/local funds
___ Employer contributions
___ Foundation grants
___ Private donations (such as United Way, sponsorship)
___ Other (specify) _____

4.4 How are you assuring CHIP enrollees have access to care?

4.4.1 What processes are being used to monitor and evaluate access to care received by CHIP enrollees? Please specify each delivery system used (from question 3.2.3) if approaches vary by the delivery system within each program. For example, if an approach is used in managed care, specify 'MCO.' If an approach is used in fee-for-service, specify 'FFS.' If an approach is used in a Primary Care Case Management program, specify 'PCCM.'

Table 4.4.1

Approaches to monitoring access	Medicaid CHIP Expansion Program	State-designed CHIP Program	Other CHIP Program* _____
Appointment audits	*PCCM, FFS*		
PCP/enrollee ratios	*PCCM, MCO*		
Time/distance standards	*PCCM, MCO*		
Urgent/routine care access standards			

Network capacity reviews (rural providers, safety net providers, specialty mix)			
Complaint/grievance/ disenrollment reviews	*MCO*		
Case file reviews	*FFS, PCCM, MCO*		
Beneficiary surveys	*FFS, PCCM, MCO*		
Utilization analysis (emergency room use, preventive care use)	*FFS, PCCM, MCO*		
Other (specify) *Prior authorization of select services*	*FFS, PCCM*		
Other (specify) _____			
Other (specify) _____			

*Make a separate column for each "other" program identified in section 2.1.1. To add a column to a table, right click on the mouse, select "insert" and choose "column".

4.4.2 What kind of managed care utilization data are you collecting for each of your CHIP programs? If your State has no contracts with health plans, skip to section 4.4.3.

Table 4.4.2

Type of utilization data	Medicaid CHIP Expansion Program	State-designed CHIP Program	Other CHIP Program* _____
Requiring submission of raw encounter data by health plans	_*X*_ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Requiring submission of aggregate HEDIS data by health plans	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Other (specify)_____	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No

*Make a separate column for each "other" program identified in section 2.1.1. To add a column to a table, right click on the mouse, select "insert"

and choose “column”.

4.4.3 What information (if any) is currently available on access to care by CHIP enrollees in your State? Please summarize the results. *N/A*

4.4.4 What plans does your CHIP program have for future monitoring/evaluation of access to care by CHIP enrollees? When will data be available? *We are currently in the process of having a decision support and executive information system installed in our state. Medicaid, CHIP and HMO information will available through that system. This information should be available in late November or early December 2000.*

4.5 How are you measuring the quality of care received by CHIP enrollees?

4.5.1 What processes are you using to monitor and evaluate quality of care received by CHIP enrollees, particularly with respect to well-baby care, well-child care, and immunizations? Please specify the approaches used to monitor quality within each delivery system (from question 3.2.3). For example, if an approach is used in managed care, specify 'MCO.' If an approach is used in fee-for-service, specify 'FFS.' If an approach is used in primary care case management, specify 'PCCM.'

Table 4.5.1

Approaches to monitoring quality	Medicaid CHIP Expansion Program	State-designed CHIP Program	Other CHIP Program
Focused studies (specify)			
Client satisfaction surveys	*MCO, FFS, PCCM*		
Complaint/grievance/ disenrollment reviews	*MCO, FFS, PCCM*		
Sentinel event reviews			
Plan site visits			
Case file reviews			
Independent peer review	FFS, PCCM		
HEDIS performance measurement			
Other performance measurement (specify)			
Other (specify) _____			
Other (specify) _____			
Other (specify) _____			

*Make a separate column for each "other" program identified in section 2.1.1. To add a column to a table, right click on the mouse, select "insert" and choose "column".

4.5.2 What information (if any) is currently available on quality of care received by CHIP enrollees in your State? Please summarize the results. *N/A*

4.5.3 What plans does your CHIP program have for future monitoring/evaluation of quality of care received by CHIP enrollees? When will data be available? *We are in the process of installing an executive information and decision support system that includes this information and/or will give use the capability to access this information. This system should be available for information in late November or early December.*

4.6 Please attach any reports or other documents addressing access, quality, utilization, costs, satisfaction, or other aspects of your CHIP program's performance. Please list attachments here.

SECTION 5. REFLECTIONS

This section is designed to identify lessons learned by the State during the early implementation of its CHIP program as well as to discuss ways in which the State plans to improve its CHIP program in the future. The State evaluation should conclude with recommendations of how the Title XXI program could be improved.

5.1 What worked and what didn't work when designing and implementing your CHIP program? What lessons have you learned? What are your "best practices"? Where possible, describe what evaluation efforts have been completed, are underway, or planned to analyze what worked and what didn't work. Be as specific and detailed as possible. (Answer all that apply. Enter 'NA' for not applicable.)

This phase of the program was only an expansion of our current Medicaid program for 18-year-olds and, as such was for a very small number of individuals. Therefore, nothing different was done in respect to any of the information identified below. Phase II of the S-CHIP program, known as Healthy Steps, included major changes to most of the items identified below. Phase II was implemented as of October 1, 1999. As this report is for the period ended September 30, 1999, the items identified below are not relevant.

5.1.1 Eligibility Determination/Redetermination and Enrollment

5.1.2 Outreach

5.1.3 Benefit Structure

5.1.4 Cost-Sharing (such as premiums, copayments, compliance with 5% cap)

5.1.5 Delivery System

5.1.6 Coordination with Other Programs (especially private insurance and crowd-out)

5.1.7 Evaluation and Monitoring (including data reporting)

5.1.8 Other (specify)

5.2 What plans does your State have for "improving the availability of health insurance and health care for children"? (Section 2108(b)(1)(F)) *The State of North Dakota has implemented Phase II of the children's health insurance program. Phase II is a separate insurance program for children 0 through 5 at 134 to 140 percent of the federal poverty level and for children 6 through the month the child turns 19 at 101 to 140 percent of the federal poverty level. As of March 22,2000 there are 1,470 children enrolled in this phase.*

5.3 What recommendations does your State have for improving the Title XXI program? (Section 2108(b)(1)(G)) *There needs to be a concerted effort on the Federal level between Federal Agencies to help States implement programs. For example, President Clinton has stressed that outreach should be done through school districts. When school districts try to send out information about the children's health insurance program, they are told by the United States Post Office that they can not send out any literature regarding Healthy Steps that may identify an insurance company through their bulk mail permit. These types of things should be resolved at the Federal level between Federal Agencies and not by any State.*

Addendum to Table 3.1.1

The following questions and tables are designed to assist states in reporting countable income levels for their Medicaid and SCHIP programs and included in the NASHP SCHIP Evaluation Framework (Table 3.1.1). This technical assistance document is intended to help states present this extremely complex information in a structured format.

The questions below ask for countable income levels for your Title XXI programs (Medicaid SCHIP expansion and State-designed SCHIP program), as well as for the Title XIX child poverty-related groups. Please report your eligibility criteria as of **September 30, 1999.** Also, if the rules are the same for each program, we ask that you enter duplicate information in each column to facilitate analysis across states and across programs.

If you have not completed the Medicaid (Title XIX) portion for the following information and have passed it along to Medicaid, please check here **9** and indicate who you passed it along to. Name_____, phone/email_____

3.1.1.1 For each program, do you use a gross income test or a net income test or both?

Title XIX Child Poverty-related Groups ____Gross _*X*___Net ____Both

Title XXI Medicaid SCHIP Expansion ____Gross ____Net ____Both

Title XXI State-Designed SCHIP Program ____Gross ____Net ____Both

Other SCHIP program_____ ____Gross ____Net ____Both

3.1.1.2 What was the income standard or threshold, as a percentage of the Federal poverty level, for countable income for each group? If the threshold varies by the child's age (or date of birth), then report each threshold for each age group separately.

Title XIX Child Poverty-related Groups _*133*_% of FPL for children under age __*6*_____

_*100*_% of FPL for children aged *6-17*_____

____ % of FPL for children aged _____

Title XXI Medicaid SCHIP Expansion _*100* % of FPL for children aged __*18*_____

____ % of FPL for children aged _____

____ % of FPL for children aged _____

Title XXI State-Designed SCHIP Program ____ % of FPL for children aged _____

____% of FPL for children aged _____

____% of FPL for children aged _____

Other SCHIP program_____ ____% of FPL for children aged _____

____% of FPL for children aged _____

____% of FPL for children aged _____

3.1.1.3 Complete Table 1.1.1.3 to show whose income you count when determining eligibility for each program and which household members are counted when determining eligibility? (In households with multiple family units, refer to unit with applicant child)

Enter "Y" for yes, "N" for no, or "D" if it depends on the individual circumstances of the case.

Table 3.1.1.3

Family Composition	Title XIX Child Poverty-related Groups	Title XXI Medicaid SCHIP Expansion	Title XXI State-designed SCHIP Program	Other SCHIP Program* _____
Child, siblings, and legally responsible adults living in the household	*D*	*D*		
All relatives living in the household	*D*	*D*		
All individuals living in the household	*D*	*D*		
Other (specify)				

3.1.1.4 How do you define countable income? For each type of income please indicate whether it is counted, not counted or not recorded. ***Enter "C" for counted, "NC" for not counted and "NR" for not recorded.***

Table 3.1.1.4				
Type of Income	Title XIX Child Poverty-related Groups	Title XXI Medicaid SCHIP Expansion	Title XXI State-designed SCHIP Program	Other SCHIP Program* _____
Earnings Earnings of dependent children	*Adults C* *Children NC if in School*	*Adults C* *Children NC if in School*		
Earnings of students	*NC*	*NC*		
Earnings from job placement programs	*C*	*C*		
Earnings from community service programs under Title I of the National and Community Service Act of 1990 (e.g., Serve America)	*C*	*C*		
Earnings from volunteer programs under the Domestic Volunteer Service Act of 1973 (e.g., AmeriCorps, Vista)	*NC*	*NC*		
Education Related Income Income from college work-study programs	*NC*	*NC*		
Assistance from programs administered by the Department of	*C*	*C*		

Education				
Education loans and awards	*NC*	*NC*		
Other Income Earned income tax credit (EITC)	*N* *C*	*N* *C*		
Alimony payments received	*C*	*C*		
Child support payments received	*C*	*C*		
Roomer/boarder income	*C*	*C*		
Income from individual development accounts	*C*	*C*		
Gifts	*N* *C*	*N* *C*		
In-kind income	*N* *C*	*N* *C*		
Program Benefits Welfare cash benefits (TANF)	*N* *C*	*N* *C*		
Supplemental Security Income (SSI) cash benefits	*N* *C*	*N* *C*		
Social Security cash benefits	*C*	*C*		
Housing subsidies	*N* *C*	*N* *C*		
Foster care cash benefits	*N* *C*	*N* *C*		
Adoption assistance cash benefits	*N* *C*	*N* *C*		
Veterans benefits	*C*	*C*		
Emergency or disaster relief benefits	*N* *C*	*N* *C*		

Low income energy assistance payments	*N* *C*	*N* *C*		
Native American tribal benefits	PER CAPITAL FUNDS = NC *OTHER = C*	PER CAPITAL FUNDS = NC *OTHER = C*		
Other Types of Income (specify) *Example: Rental, cash contributions, IIM funds over $2,000*	*C*	*C*		

*Make a separate column for each "other" program identified in Section 2.1.1. To add a column to a table, right click on the mouse, select "insert" and choose "column".

3.1.1.5 What types and *amounts* of disregards and deductions does each program use to arrive at total countable income?

Please indicate the amount of disregard or deduction used when determining eligibility for each program. If not applicable, enter "NA."

Do rules differ for applicants and recipients (or between initial enrollment and redetermination) ____ Yes __*X*__ No

If yes, please report rules for applicants (initial enrollment).

Table 3.1.1.5

Type of Disregard/Deduction	Title XIX Child Poverty-related Groups	Title XXI Medicaid SCHIP Expansion	Title XXI State-designed SCHIP Program	Other SCHIP Program* _____
Earnings	$ *Greater of $90 or Actual*	$ *Greater of $90 or Actual*	$	$
Self-employment expenses	$ *Greater of $90 or Actual*	$ *Greater of $90 or Actual*	$	$
Alimony payments Received	$ *N/A*	$ *N/A*	$	$
Paid	$ *Actual court ordered amount paid.*	$ *Actual court ordered amount paid.*	$	$
Child support payments Received	$ *50*	$ *50*	$	$
Paid	$ *Actual court ordered amount paid.*	$ *Actual court ordered amount paid.*	$	$

Child care expenses	$ *Amount incurred*	$ *Amount incurred*	$	$
Medical care expenses *Includes transportation and remedial expense.*	$ *Amount incurred*	$ *Amount incurred*	$	$
Gifts	$ *N/A*	$ *N/A*	$	$
Other types of disregards/deductions (specify) *Health & LTC insurance premiums, adult dependant care expenses, $30 work/training allowance, guardian fees up to 5%, mandatory retirement plan deductions, union dues, expenses of a blind person*	$ *Actual, except as identified at left.*	$ *Actual, except as identified at left.*	$	$

*Make a separate column for each "other" program identified in Section 2.1.1. To add a column to a table, right click on the mouse, select "insert" and choose "column".

3.1.1.6 For each program, do you use an asset or resource test?

Title XIX Poverty-related Groups ____No _*X*__Yes
(complete column A in 3.1.1.7)

Title XXI SCHIP Expansion program ____No _*X*__Yes (complete column B in 3.1.1.7)

Title XXI State-Designed SCHIP program ____No ____Yes
(complete column C in 3.1.1.7)

Other SCHIP program_____ ____No ____Yes
(complete column D in 3.1.1.7)

3.1.1.7 How do you treat assets/resources?

Please indicate the countable or allowable level for the asset/resource test for each program and describe the disregard for vehicles. If not applicable, enter "NA."

Table 3.1.1.7 Treatment of Assets/Resources	Title XIX Child Poverty-related Groups (A)	Title XXI Medicaid SCHIP Expansion (B)	Title XX designed Progr (C
Countable or allowable level of asset/resource test	$*3,000 for 1 person household, $6,000 for 2 person household plus $25 for each additional person.*	$*3,000 for 1 person household, $6,000 for 2 person household plus $25 for each additional person.*	$
Treatment of vehicles: Are one or more vehicles disregarded? *Yes or No*	*Yes, 1 is disregarded*	*Yes, 1 is disregarded*	
What is the value of the disregard for vehicles?	$ *Actual Valuation of 1 Vehicle*	$ *Actual Valuation of 1 Vehicle*	$

When the value exceeds the limit, is the child ineligible("I") or is the excess applied ("A") to the threshold allowable amount for other assets? *(Enter I or A)*	*If total assets exceed the limit above the child is ineligible.*	*If total assets exceed the limit above the child is ineligible.*	

*Make a separate column for each "other" program identified in Section 2.1.1. To add a column to a table, right click on the mouse, select "insert" and choose "column".

3.1.1.8 Have any of the eligibility rules changed since September 30, 1999? ___ Yes __*X*_ No

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